

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 03/19/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Physical therapy for the lumbar spine – 16 visits

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Texas Board Certified Physical Medicine & Rehabilitation and Pain Management

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. IRO referral documents.
2. Email correspondence.
3. Radiology report 01/14/06.
4. Operative report L4-5 decompressive laminectomy and posterolateral fusion 07/10/08.
5. Office visit notes M.D. 08/18/08, 06/08/09, 01/14/09, and 07/07/09.
6. Therapy daily notes 08/22/08-09/09/08.
7. Physical therapy status report 09/09/08.
8. MRI lumbar spine 10/28/08.
9. Impairment rating, M.D. 03/09/09.
10. Initial consultation and office visit notes M.D. 07/27/09 and 07/30/09.
11. Physical therapy evaluation and daily therapy notes 08/10/09-09/09/09.
12. Progress notes 09/17/09.
13. Appeal letter 10/21/09.
14. MRI lumbar spine 07/28/09.

15. History and physical and progress notes M.D. 09/15/09, 10/14/09, 11/11/09, 12/14/09, 01/02/10, 01/27/10 and 02/09/10.
16. Preauthorization appeal review M.D. 12/04/09 regarding 12 additional sessions of physical therapy for lumbar spine.
17. Letter 01/26/10.
18. Utilization review 02/22/10 regarding 16 sessions of additional physical therapy.
19. Reconsideration appeal review of adverse determination 02/26/10.
20. Letter 03/11/10 and clinical data attached.
21. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a female whose date of injury is xx/xx/xx. Records indicate the employee fell at work.

After failing a course of conservative treatment the employee underwent lumbar surgery on 07/10/08 with decompression and posterolateral fusion L4-L5. The employee had extensive course of postoperative therapy. The employee received twenty-four sessions of postoperative therapy, and subsequently underwent twelve additional sessions of therapy.

A request for sixteen sessions of physical therapy for the lumbar spine was reviewed on 02/22/10. Recommendation was for non-certification. The reviewer noted the employee had completed thirty-six sessions of physical therapy since her surgery. On 10/14/09, Dr. noted the employee had been attending physical therapy on her own since October (number of sessions not clarified) and needed more hands on therapy for better instruction into home exercise program as she fell at home apparently while doing home exercise program. The employee wrote on 01/21/10 that she was not given home exercise program at Physical Therapy office so she went to on recommendation of Dr. and had been going there since October. It was not clarified if the employee received instruction into home exercise program during self paid sessions. It was noted that an extended course of sixteen sessions of therapy was not supported for instruction into home exercise program. It was further noted the employee recently had caudal epidural steroid injection and guidelines generally recommend one to two visits of physical therapy following epidurals; however, an extended course of sixteen sessions of therapy was not supported.

A reconsideration appeal request for sixteen sessions of physical therapy for lumbar spine two times a week for eight weeks was reviewed on 02/26/10. The reviewer determined medical necessity was not established and recommended previous non-certification be upheld. The reviewer noted the clinical data submitted indicated the employee recently underwent caudal epidural steroid injection (01/27/10) with report of significant improvement. The employee also was reported to be pursuing physical therapy program (reportedly self pay at this time). The reviewer noted as noted on previous reviews from 12/04/09 and 02/22/10 the worker has participated in full complement of skilled physical therapy services as indorsed by current evidence-based

guidelines. The employee claims initial physical therapy facility failed to provide home exercise program upon discontinuation, but daily treatment records suggest therapeutic exercise was interval component of daily treatment plan. The employee has reported additional participation in physical therapy which was described by physician as stretching exercises only. The reviewer noted there was absent from discussions a thorough review of nature and extent of initial postoperative rehab program, and at what point was treatment begun after graft was considered to have achieved maturity such that progressive resistance training exercise program could be initiated. Also absent was a comprehensive assessment of employee's current physical abilities and limitations. The reviewer noted that distinction needs to be drawn between continuation of exercise program that is most appropriately performed in context of home and /or community based exercise program versus care that might reasonably require attendance, supervision, duration and professional input of licensed therapist. The reviewer noted that based on the clinical information provided, the medical necessity for another sixteen sessions of supervised in clinic skilled physical therapy services could not be established at that time.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION.

Medical necessity is not established for request for 16 additional physical therapy sessions for lumbar spine. The patient is status post L4-5 decompressive laminectomy and posterolateral fusion performed 07/10/08. Records indicate the patient completed 24 sessions of postoperative therapy, and subsequently underwent 12 additional sessions of physical therapy. The patient also has participated in a self pay program of therapy, with number of sessions completed unknown. The patient indicates she was not provided home exercise program, but it is noted on previous review that therapy notes indicate therapeutic exercise was integral component of daily treatment plan. Moreover, records indicate the employee fell at home while performing a home exercise program. Based on the clinical information provided, there is no medical necessity for 16 additional sessions of physical therapy. The patient has had more than sufficient formal supervised therapy and should be capable of independently pursuing a self directed home exercise program. The previous denials should be upheld as there is no medical necessity for 16 additional sessions of therapy.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

2010 *Official Disability Guidelines*, 15th Edition, Work Loss Data Institute, online version, Low Back Chapter.

ODG Physical Therapy Guidelines –

Allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to

all conditions under Physical Therapy in the ODG Preface, including assessment after a "six-visit clinical trial".

Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8):

Medical treatment: 10 visits over 8 weeks

Post-injection treatment: 1-2 visits over 1 week

Post-surgical treatment (discectomy/laminectomy): 16 visits over 8 weeks

Post-surgical treatment (arthroplasty): 26 visits over 16 weeks

Post-surgical treatment (fusion, after graft maturity): 34 visits over 16 weeks